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VICE MAYOR Ken Thurston

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City of Lauderhill



ADMINISTRATION

Charles Faranda, CM Desorae Giles-Smith, DCM Kennie Hobbs, Jr., ACM

> **CITY ATTORNEY** Earl Hall, Esq.

CITY CLERK

Andrea Anderson

FINANCE Planning & Zoning Division

ZONING CONFIRMATION LETTER REQUEST FORM

Zoning Confirmation Letter Request requires ten (10) business days for processing and must be accompanied by a \$75.00 fee at submittal. If extensive research is required, additional charges may apply and notification will be provided to the Applicant in advance.

/	117 (1 10 111 (1 10	<u> </u>		
Name _				
Company _				
Street Address				
City _				
State/Zip Code				
Phone _				
Email _				
PROPERTY INFORMATION REQUIRED (Please Print)				
Property Identification Number				
http://www.bcpa.net/Re	<u>cMenu.asp</u>			
Property Owner				
Property Address				

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REVISED: 6/1/2017 OFFICE USE ONLY

APPLICANT INFORMATION: (Please Print)

REV CODE: 682

ACCT: 001-341-065

INFO	RMATION REQUESTED (PLEASE BE SPECIFIC):
	Zoning Confirmation Letter: A zoning related matter or a Land Development Regulation code question concerning a specific parcel(s).
	Please include a letter of intent and explanation of the proposed use or other code question. Provide a response to specific zoning matter or question related to the zoning approvals of a parcel, a code interpretation or a proposed use of a site. For example, if you have questions about whether a particular use is permitted in a specific zoning district.
	Research on Subject Property, Zoning District verification, applicable Zoning Code Section, including list of permitted uses; Provides confirmation of the Zoning District and the zoning history which includes copies of zoning resolutions, administrative approvals.
	Future Land Use Plan Map (FLUM) Designation
	Zoning Resolutions. If you would like to obtain copies of the available zoning resolutions, site plan approvals or ordnances you may obtain these documents by inputting the project name or property address.
	RMATION REQUESTED (PLEASE BE SPECIFIC) (Please Print):
USES	S REQUESTED (PLEASE BE SPECIFIC) (Please Print):
STAF	FF DETERMINATION:

REVISED: 6/1/2017

OFFICE USE ONLY REV CODE: 682 ACCT: 001-341-065



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